



# SUMMER ART EXPERIENCE (SAE) Registration Form

Monday 9 January - Friday 13 January 2012

To register for a SAE workshop, please complete all sections of this form **including your workshop preferences**. Mail with your payment to the address on the side of this form. Use a separate form for each registrant. **Full payment is required at the time of booking.**

Name:		
Address:		Postcode:
Email:	Phone:	Mobile:

WORKSHOP	Preference s: Indicate 1 <sup>st</sup> , 2 <sup>nd</sup> &	ASOC member s	Non Member s	PRICE \$
<b>WATERCOLOUR</b>				
<b>Chan DISSANAYAKE</b> <i>(includes model fee)</i>	<b>5 Day Workshop</b> <b>3 Day Workshop</b>	610 360	640 380	
<b>Nic CANOSA</b>	<b>5 Day Workshop</b> <b>3 Day Workshop</b>	590 360	620 380	
<b>OIL</b>				
<b>Lyn DIEFENBACH</b>	<b>5 Day Workshop</b> <b>3 Day Workshop</b>	590 360	620 380	
<b>ACRYLIC</b>				
<b>Richard ROGERS</b>	<b>5 Day Workshop</b> <b>3 Day Workshop</b>	590 360	620 380	
<b>Jenni KELLY</b>	<b>5 Day Workshop</b> <b>3 Day Workshop</b>	590 360	620 380	
<b>PASTEL</b>				
<b>Lyn MELLADY</b>	<b>5 Day Workshop</b> <b>3 Day Workshop</b>	590 360	620 380	
<b>ABSTRACT</b>				
<b>Peter GRIFFEN</b> <i>(includes model fee)</i>	<b>5 Day Workshop</b> <b>3 Day Workshop</b>	610 360	640 380	
<b>LIFE DRAWING</b>				
<b>Pauline ADAIR</b> <i>(includes model fee)</i>	<b>5 Day Workshop</b> <b>3 Day Workshop</b>	630 380	660 400	
<b>WILDLIFE</b>				
<b>Sandra TEMPLE</b>	<b>5 Day Workshop</b> <b>3 Day Workshop</b>	590 360	620 380	
<b>TOTAL TO PAY</b>				

Mail to: SAE - ASOC, PO Box 7291, Canberra Mail Centre ACT 2610  
 Ph: 02 6242 9699 E: sae@asoc.net.au W: www.asoc.net.au

**Payment Details** Please tick payment method and complete the relevant details: ASOC ABN 85 510 725 624

<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card (Please tick credit card type) <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
<input type="checkbox"/> Cash at meeting (Do not send through post)	
You can phone your credit card details if preferred to: Ann Gould, SAE Treasurer, ph 02 6254 7644	Card number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ /
Any type of payment may be made at monthly meetings.	Expiry date: _ _ / _ _ Name on card: _____ Signature: _____

Next of kin/emergency contact: .....

Contact ph number ..... Special requirements i.e. medical, disability etc: .....